UNITED STATES BANKRUPTCY COURT

EASTERN DISTRICT OF CALIFORNIA

| In Re: | | Case No.: 09-43932 | | | |
|--|---|---------------------------|---|--|--|
| Albert F. & Patricia M. Naticchioni | | REPORT OF 341 MEETING | | | |
| | Debtor | / | | | |
| 1. 2. | | | | | |
| | b) Debtor(s) Attorney c) Creditors | | | | |
| 3. 4. 5. 6. 7. 8. 9. | () Debtor failed to appear () Debtor's counsel failed to app () Debtor has not filed schedule () Debtor has failed to provide p () Debtor has failed to provide p () Debtor Health Care () Debtor Small Business | s and/or s proof of D | atement of aff | | |
| 10. 11. | DISPOSITION Meeting Concluded () Meeting continued to | | at | m. | |
| Dated: | / / 0 | By: | SARA L. KI Acting Unite ALLENC, Attorney for | STLER ed States Trustee MASSEY the United States Trustee et, Suite 7-500 CA 95814 | |

OFFICE OF THE UNITED STATES TRUSTEE APPEARANCE SHEET 341 MEETING OF CREDITORS

Case Name: Albert F. & Patricia M. Naticchioni

Case No.: **09-43932**

| Location: Sacramento | Date: | 12 | 10 | 109 | <u> </u> |
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PLEASE PRINT YOUR NAME, ADDRESS AND PHONE NUMBER AND INDICATE WHO YOU REPRESENT

| AND INDICATE WHO YOU REPRESENT | | | | |
|-------------------------------------|---------------|--|--|--|
| Name: Megan Lewis | Name: | | | |
| Address: 400 Capital Mall 22MDL | Address: | | | |
| Sacramento (A 45814 | | | | |
| Phone # 910441 - 2430 | Phone # () | | | |
| Representing: Delotors | Representing: | | | |
| Name: Lovin Howard | Name: | | | |
| Address: 7509 Madison Av. Ste III | Address: | | | |
| Citrus Heights, CA dZelo | | | | |
| Phone # (916) \$30.3040 | Phone # () | | | |
| Representing: US Bank | Representing: | | | |
| Name: Douglas KLAFT | Name: | | | |
| Address: 7509 Madein AVF Sule! | Address: | | | |
| Phone # (916) 880-3070 | Phone # () | | | |
| Representing: US Baula | Representing: | | | |
| Name: Albert + Patricia Natiochioni | Name: | | | |
| Address: | Address: | | | |
| | | | | |
| Phone # () | Phone # () | | | |
| Representing: | Representing: | | | |
| Name: | Name: | | | |
| Address: | Address: | | | |
| Phone # () | Phone # () | | | |
| Representing: | Representing: | | | |
| Nome | Name | | | |
| Name: | Name: | | | |
| Address: | Address: | | | |
| Phone # () | Phone # () | | | |
| Representing: | Representing: | | | |
| | | | | |